| | | | CLAII | VIO MO F | (MENDED | | | <u> </u> |
|---|----------------------------------|---|--------------------------|----------|----------------|------|---------|-------------------|
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST # PREV. PAID FOR | | NUMBER EXTRA | RATE | | ADDITIONAL FEE |
| | | | | | CLAIMS PRESENT | | | |
| TOTAL CLAIMS | 9 | - | 20 | = | 0 | х | \$18.00 | \$0.00 |
| INDEP. CLAIMS | 3 | • | 3 | = | 0 | х | \$86.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) | | | | | | | | \$0.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | | | \$0.00 |
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Signature

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